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CONFIRMATION NO. 5752

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/535,173		600	3773	0518-1149

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/FR03/50092 10/15/2003

**** FOREIGN APPLICATIONS *******

FRANCE 02/14287 11/15/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRANCE	3	15	1

ADDRESS

YOUNG & THOMPSON
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TITLE

Occlusive device for medical or surgical use

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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